

A F F I D A V I T

RE: CIRCUMSTANCES SURROUNDING
THE LOSS OF A "SPECIAL
PARKING PERMIT" ISSUED BY THE
CITY OF LACKAWANNA

NAME

I, _____, do hereby offer the
following testimony regarding the loss of a "Special Parking
Permit" issued to me by the City of Lackawanna:

- Date that Permit was found missing: _____
- Place where Permit was being stored/safeguarded:

- Detailed explanation of circumstances surrounding the loss
of the "Special Parking Permit" (include specific information
about times, places, dates, witnesses, police/insurance re-
port:~, and other data pertinent to how this permit was lost/
stolen:

I swear, under penalty of perjury, that all of the above information
is true and correct to the best of my knowledge and belief.

(DATE)

(SIGNATURE)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

(TELEPHONE NUMBER)

FOR OFFICIAL USE ONLY

- Name of Investigating Officer: _____
- Date Investigation Completed: _____
(Please attach "Investigation Report Forms")
- 4 Recommendation (Circle One) Approval Denial Further Action
- 4 Signature of Investigating Officer: _____